

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Maricopa</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of	<u>Miami</u>	State Index No.	<u>146</u>
or		County Registrar No.	<u>221</u>
City of		Local Registrar No.	
2. Full name of child		No. _____ St. _____ Ward _____	
<u>Catherine Eva Rosser</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. No., in order of birth
<u>Female</u>			<u>2</u>
6. Legitimate?		7. Date of birth	<u>March 12, 1924</u>
<u>yes</u>		Month	Day
8. FATHER		MOTHER	
Full name	<u>Thomas James Rosser</u>	Full maiden name	<u>Lula Gray</u>
9. Residence (Usual place of abode)	<u>Miami, Ariz.</u>	15. Residence (Usual place of abode)	<u>Miami, Arizona</u>
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race	<u>White</u>	16. Color or race	<u>White</u>
11. Age at last birthday	<u>24</u> (Years)	17. Age at last birthday	<u>21</u> (Years)
12. Birthplace (city or place) (State or country)	<u>Butte, Montana</u>	18. Birthplace (city or place) (State or country)	<u>Globe, Arizona</u>
13. Occupation		19. Occupation	
Nature of industry	<u>Laundry driver</u>	Nature of industry	<u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead (c) Stillborn	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4:20</u> p. m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Byrd M. Brown M.D.</u> (Physician or midwife)	
Address <u>Miami, Arizona</u>			
Given name added from a supplemental report		Filed <u>Mar 31, 1924</u> <u>4-5</u> 1924	
Month, day, year.		Local Registrar. <u>B. G. J. J.</u> County Registrar.	
Registrar.			

399-312-378